

FILED APR 14 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 39

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 2 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Evelyn Hammond

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July 20 1907
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Skidmore Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name L. F. Hammond

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Emma Jamieson

15. Birthplace —
(City, town, or county) (State or foreign country)

16. (a) Informant Emerson Hammond

(b) Address Skidmore Mo.

17. (a) Burial (b) Date thereof 3-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burr Oak

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 95-1 South Main Maryville Mo.

19. (a) 3-24-43 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Skidmore
(If outside city or town limits, write "RURAL")
(d) Street No. 'Rural'
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20
year 1943 hour — minute — M.

21. I hereby certify that I attended the deceased from 3/1/43
1943 to 3/26/43
that I last saw her alive on 3/20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever + Colic
Duration ?

Due to —

Due to 4/6/43

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Typhoid fever + Colic
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? — (Specify type of place) (e) Means of injury —

23. Signature D. J. Reynolds (M. D. or other) MD
Address Maryville Mo. Date signed 3/24/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed William Campbell
Licensed Embalmer No. 5650
P. O. Address Springville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.